

**CLASS IS LIMITED TO 30 STUDENTS**

**Receipt #** \_\_\_\_\_

**TROY RECREATION DEPARTMENT'S  
2006  
MUSICAL THEATER  
SESSION I**

Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street) (city) (zip)

E-Mail Address \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Call \_\_\_\_\_ Phone \_\_\_\_\_  
(neighbor or relative)

**\_\_\_\_\_ SESSION IA**

**COMPLETED GRADES 1-5**

**9:00 A.M.-12:00 NOON**

**JUNE 5-9, MON.-FRI.**

**JUNE 12-13, MON.-TUES.**

**FINAL PERFORMANCES:**

**WEDNESDAY, JUNE 14, 2006**

**10:00 A.M. & 6:30 P.M.**

**\_\_\_\_\_ SESSION IB (EXTENDED SESSION)**

**COMPLETED GRADES 5-12**

**JUNE 2-BRING LUNCH**

**9:00 A.M.-4:00 P.M.**

**JUNE 5-9, MON.-FRI., 1:00-4:00 P.M.**

**JUNE 12-14, MON.-WED., 1:00-4:00 P.M.**

**JUNE 15, THURS., 9:00 A.M.-4:00 P.M.**

**BRING LUNCH**

**FINAL PERFORMANCES:**

**FRIDAY, JUNE 16, 2006**

**2:00 P.M. & 6:30 P.M.**

**REGISTRATION FEES: \_\_\_\_\_ \$27.00**

**REGISTRATION FEES: \_\_\_\_\_ \$33.00**

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the danger inherent to the Musical Theater program, do give permission for our son/daughter to participate in the above program. We are aware and fully understand that occasionally participants in the above program are taken on field trips. When these are scheduled, it requires the participants to leave the regular site of instruction; also, they may be scheduled at hours other than the normal instructional hours of the program. We agree, and give permission for our child to receive transportation to another scheduled site, with a licensed driver, in that person's automobile. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Program Instructor, Troy Recreation Director, driver of automobile, or their agents or servants, as a result of injuries incurred by our child while participating in the above program, in which the child is registered, or while riding in an automobile to attend field trip site.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(parent or legal guardian)

**REFUND POLICY:** Department will make program refunds for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the programs starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.